

**City of Easthampton**  
50 Payson Avenue  
Easthampton, MA 01027  
413-529-1400

Cynthia Tarail  
COA Director



Nicole LaChapelle  
Mayor

**Senior Tax Work-Off Program Application: for Homeowners Aged 60+**

**Please return completed application by the 14th of December to:** STWO, Easthampton Council on Aging, 19 Union St., Easthampton, MA 01027, or email: [coa@easthamptonma.gov](mailto:coa@easthamptonma.gov), fax: 413-529-1475. Call COA Director at 413-527-6151 ext. 134 with questions.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Skills / Experience**

Please indicate your experience and skills, gained either through past jobs or other volunteer experiences that you have and are willing to apply to a City placement.

Office work		Computer Skills	
Data Entry		Customer Service Experience	
Phone Answering		File Management	
Copying/Collating		Bookkeeping/Recordkeeping	
Yardwork/Gardening		Light Maintenance and Repair	
Basic Carpentry & Related		Driving	
Technology Assistance		Other	

**Physical Limitations / Special Accommodation**

1. Do you have any physical limitations or medical conditions that need to be considered in placing you in a volunteer position? \_\_\_\_ Yes \_\_\_\_ No
2. Do you require any **special accommodation** in order to work? Please explain.

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**References:** Please list two personal or professional references (unrelated to the applicant). Include name, address, phone #, and relationship (e.g., former co-worker, friend).

1. \_\_\_\_\_
2. \_\_\_\_\_

**Emergency Contact Name, Phone, Relationship**\_\_\_\_\_

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**Please read the following statement and check off each part.**

**If you agree, sign below and enter the date.**

To be eligible for the benefits under the Senior Tax Work-Off Program, and to receive a tax credit up to the state maximum per fiscal year (less deductions), I recognize and understand the following:

1. I certify that to the best of my knowledge all information provided by me in this application is to the best of my knowledge truthful and accurate.
2. I authorize those City employees who coordinate the Senior Tax Work-Off Program to investigate information from this application for the purpose of volunteer service in the City of Easthampton.
3. If accepted for volunteer service, I agree to comply with the rules of the Senior Tax Work-Off Program.
4. As a volunteer for the City of Easthampton, I agree to abide by all the City's rules and regulations.
5. I must successfully complete a Criminal Offender Record Information (CORI) check.
6. I must be current on my property taxes and water and sewer payments. My payment status will be checked by the Tax Collector and reported to the COA Director.
7. My property title will be checked for any lien by the Assessor and reported to the COA Director.
8. I understand that I must be at least age 60 to participate.
9. **My income limitations shall not exceed the limits set by the City of Easthampton, which uses the Community Preservation Act Moderate Income Limits for Easthampton, following the Metropolitan Statistical Area and United States Department of Housing and Urban Development Fair Market Rent Area for Springfield.** The figures are those in effect as of the September preceding the application period.
10. I must submit as part of my application a copy of IRS Form 1040, 1040A, or 1040EZ (both sides) from my most recent Federal income tax return.
11. I will fill out the income statement on this application. If my income has changed significantly since I filed my tax return, I will fill it out with my **current** income amounts and sources. I will be required to produce additional documents showing that I meet the criteria.

Statement continued

12. I understand that if others share the tax burden on the property, their income will be counted along with my income.
13. The Hourly rate for services shall be set to the state's current minimum wage.
14. I understand that only the hours worked between January 1 and October 31 will be eligible for the tax abatement in the following year.
15. Volunteer service will commence on a date as arranged with my position supervisor.
16. Any combination of hours volunteered beyond the maximum amount allowed by the state tax work-off cap allotted under the program will not qualify me for an additional tax credit. Hours earned beyond the maximum cannot be carried over or saved beyond the current fiscal year.
17. I understand that I will receive up to the maximum amount allowed by the state to be applied against my City of Easthampton residential property tax. I understand that I can deduct from my property tax the amount of credit which will be reflected in my tax bill.
18. If I work fewer hours by the deadline, my credit will be prorated. I am not guaranteed a set number of hours by working in the position in the department I am assigned to. If the department does not have 100 hours of work for me, I can ask the Director of the Easthampton Council on Aging for assistance in finding additional work, but more work might not be available.
19. My placement and work assignments in the Senior Tax Work-Off Program shall be determined by the Director of the Easthampton Council on Aging and/or the head of the city department for which I am matched. Placement is determined by matching my skills with available requests. If I am successfully matched as a volunteer, there will be a probationary period during the first 10 hours of service. Every effort will be made to match applicants to volunteer positions, but the probability exists that some applicants may not be successfully matched to available requests.
20. I understand that I may or may not be able to repeat a placement the following year(s) depending on program demand, suitability of other candidates, or changes in my eligibility.
21. By participating in the program, I commit to completing a community service project within a prescribed timeframe. If I am unable to complete the assignment(s) given due to repeated absences, I understand that I may be removed from active participation in the program. I further acknowledge that all absences need to be reported to my position supervisor. Any absence over three days should also be reported to the Director of the Easthampton Council on Aging.

Statement continued

22. I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between me and the City for either employment or the provision of any benefits. I further understand that if a volunteer relationship is subsequently established, I will have the right to terminate my service at any time and the City will have a similar right.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The City of Easthampton is an equal opportunity employer M/F/D/V and does not discriminate based on race, gender, national origin, age, disability, marital or veteran status, sexual preference or any other legally protected status.**

**Senior Tax Work-Off Program Application**  
**Tax Credit in Fiscal Year 2025, Work in Calendar Year 2024**

**CONFIDENTIAL FINANCIAL DATA**  
**(this information must be provided and will be verified)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of application: \_\_\_\_\_

**Please attach the following documents:**

- a copy of **your most recent property tax bill** (the Tax Collector will verify your payment status and the Assessor will verify there is no lien on the property)
- a brief description of your **work history** (1-2 pages maximum) or your resume
- a copy of IRS Form 1040, 1040A, or 1040EZ (both sides), from **your most recent Federal income tax return**
- **if your income has changed** since your tax return was filed: W-2's, state income tax forms, and other documents that will show proof of your changed income.

**Fill out the income statement below with your current income amounts and sources.**

Income Type	<b>weekly, monthly, quarterly, or annual?</b>	Amount	Income Type	<b>weekly, monthly, quarterly, or annual?</b>	Amount
Social Security			Wages, Salaries		
Retire.Benefits			Other Pensions		
Veterans Benefits			Interest/Dividends		
Rental Income			Other (specify)		
<b>TOTAL</b>					

**Please read the following statement. If you agree, sign below and enter the date.**

The information above is accurate to the best of my knowledge. My current income is not more than **\$65,590 for a one-person household and \$74,960 for a two-person household**. I understand that I may be asked to submit additional proof of income.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_